

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028022

STATE FILE NUMBER

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 143

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 29 1963

1. PLACE OF DEATH

a. COUNTY Grundy

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Grundy

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Trenton

Length of stay in 1b
life

c. CITY
OR TOWN Trenton

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Wright Memorial Hospital

Inside Limits
☒ No ☐

d. STREET ADDRESS (If outside, give location)
East 24th St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
EARL LEE AGEY

4. DATE OF DEATH Month Day Year
July 23, 1963

5. SEX
male

6. COLOR OR RACE
white

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH
Mar. 3, 1916

9. AGE (last birthday)
47

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY
Roofing

11. BIRTHPLACE (City and state or country)
Trenton, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Edward V. Agey

13b. MOTHER'S MAIDEN NAME

Jalie Jane Ellis

14. NAME OF HUSBAND OR WIFE

XXXXXX

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Harrison Ellis, Trenton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH
2 1/2 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 22 63 to June 23 63 and last saw him alive on June 23 1963
Death occurred at 12:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE

July 25, 1963

23c. NAME OF CEMETERY OR CREMATORY

Bethel Cemetery

23d. LOCATION (City, town, or county)

Grundy County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Trenton, Missouri

25. DATE RECD. BY LOCAL REG.

8/25/63

26. REGISTRAR'S SIGNATURE

Dorene Jarvis

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald H. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.